

**DECLARATION OF TERMINATION OF RECIPROCAL BENEFICIARY RELATIONSHIP
STATE OF HAWAII**

I/we request that the Reciprocal Beneficiary Relationship Registration of:

REGISTRANT ONE:

Print Name (Last, First, Middle)

Date of Birth (Month, Day, Year)

Address (Street)

City

State

Zip Code

REGISTRANT TWO:

Print Name (Last, First, Middle)

Date of Birth (Month, Day, Year)

Address (Street)

City

State

Zip Code

dated, _____, be terminated. Signature of at least one registrant is required.

REGISTRANT ONE:

REGISTRANT TWO:

Signature

Signature

SUBSCRIBED AND SWORN TO BEFORE ME

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 19 _____

this _____ day of _____, 19 _____

Notary Public

Notary Public

My commission expires: _____

My commission expires: _____

**MAIL \$8.00 MONEY ORDER OR CERTIFIED CHECK PAYABLE TO STATE DIRECTOR OF FINANCE AND A
COMPLETED APPLICATION FORM WITH SELF-ADDRESSED, LEGAL SIZED STAMPED ENVELOPE TO:**

**RBR OFFICE
P.O. BOX 3300
HONOLULU, HAWAII 96801-3300**